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|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)   |            | <b>Docket Number (Optional)</b><br>SHO-0033 |           |
| <b>Application Number</b> 10/697,039-Conf. #8366  |            | <b>Filed</b> October 31, 2003               |           |
| <b>For</b> GAMING MACHINE   |            |   |           |
| <b>Art Unit</b> 3714  |            | <b>Examiner</b> T. Y. Harper                |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |           |
|   | <b>Fee</b> | <b>Small Entity Fee</b>                     |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$        |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460      | \$230                                       | \$ 460.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525                                       | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                                       | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                                      | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013. I have enclosed a duplicate copy of this sheet. |            |   |           |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                                       |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 29,211   |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |            |   |           |
| _____<br>Signature  |            | _____<br>Date                               |           |
| _____<br>Carl Schaukowitch  |            | _____<br>(202) 955-3750                     |           |
| Typed or printed name   |            | Telephone Number                            |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                         |            |   |           |
| <input type="checkbox"/> Total of 1 form is submitted.  |            |   |           |

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